**Resilient Tattoo & Piercing Consent Waiver**

**Client Information:  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Procedure Information:  
☐ Tattoo ☐ Body Piercing  
Design/Piercing Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Body Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Artist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health and Safety Disclosures:**

**I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of a tattoo/piercing and that all of my questions have been answered to my full satisfaction. I specifically acknowledge I have been advised of the facts and matters set forth below and I agree as follows:**

**• I understand that known and unknown risks can lead to injury including but not limited to infection, scarring, difficulties in the detection of melanoma and allergic reactions to tattoo pigment, metal, latex gloves, and/or soap and I still wish to proceed with this proceedure.**

**• If I have any condition that might affect the healing of this tattoo/piercing, I will advise my tattooer/piercer. I am not pregnant or nursing.**

**• I do not have medical or skin conditions such as but not limited to: acne, scarring (Keloid) eczema, psoriasis, freckles, moles or sunburn in the area to be tattooed/pierced that may interfere with said tattoo/piercing. If I have any type of infection or rash anywhere on my body, I will advise my tattooer/piercer.**

**• I acknowledge it is not reasonably possible for the representatives and employees of Resilient Tattoo & Piercing to determine whether I might have an allergic reaction to the pigments or processes, or jewelry used in my tattoo/piercing, and I agree to accept the risk that such a reaction is possible.**

**• I acknowledge that infection is always possible as a result of the obtaining of a tattoo/piercing, particularly in the event that I do not take proper care of my tattoo/piercing. I have received aftercare instructions and I agree to follow them while my tattoo/piercing is healing. I agree that any touch-up work/re-piercing needed, due to my own negligence, will be done at my own expense.**

**• I realize that variations in color and design may exist between any tattoo as selected by me and as ultimately applied to my body. I understand that if my skin color is dark, the colors will not appear as bright as they do on light skin.**

**• I understand that bodies are not symmetrical and although my tattooer/piercer will make my tattoo/piercing as even as possible due to anatomy he/she may have to adjust. Positioning and layout will be approved by client prior to permanently placing.**

**• I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my tattoo/piercing.**

**• I acknowledge that a tattoo/piercing is a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove my tattoo/piercing. To my knowledge, I do not have a physical, mental or medical impairment or disability which might affect my well being as a direct or indirect result of my decision to have a tattoo/piercing.**

**• I acknowledge that I have truthfully represented to my tattooer/piercer that the obtaining of a tattoo/piercing is by my choice alone. I consent to the application of the tattoo/piercing and to any actions or conduct of the representatives and employees of Resilient Tattoo & Piercing reasonably necessary to perform the tattoo/piercing procedure.**

**\_\_\_\_\_\_\_ I allow Resilient Tattoo & Piercing and my artist/piercer to take and use photos for promotional purposes.**

**\_\_\_\_\_\_\_ I confirm that I am not under the influence of drugs or alcohol.**  
**\_\_\_\_\_\_\_ I understand the potential risks, including infection, scarring, or allergic reactions.**  
**\_\_\_\_\_\_\_ I consent to the procedure being performed and understand its permanent nature.**  
**\_\_\_\_\_\_\_ I confirm that I am over the age of 18 (if under 18, parent/guardian consent is required).**

**Signatures:  
Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Consent (if applicable):  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Relationship to Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Artist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**